

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE (USPTO)

Application Serial Number	09/650,481
Confirmation Number	8554
Filing Date	August 29, 2000
Title of Application	System and Method for Identifying Audio/Visual Programs to be Recorded
First Named Inventor	Curtis G. Wong
Assignee	Microsoft Corporation
Group Art Unit	2614
Examiner	Annan Q. Shang
Attorney Docket Number	MS1-4828US

To: Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

From: Shirley L. Anderson (Tel. 509-324-9256; Fax 509-323-8979)
Lee & Hayes, PLLC
601 W. Riverside Ave, Suite 1400
Spokane, WA 99201
Customer Number 22801

RESPONSE TO FINAL OFFICE ACTION DATED MARCH 18, 2010

FILED WITH REQUEST FOR CONTINUED EXAMINATION

Fees will be paid by credit card through the EFS Web; however, Applicant hereby authorizes the Commissioner to charge any deficiency of fees and credit any overpayments to Deposit Account Number 12-0769.

Amendments to the Claims begin on page 2 of this document

Adjustment date: 01/11/2011 CKHLOK
documentNTEFSW 00008239 09650481
02 FC:1254 -1730.00 OP

Remarks begin on page 10 of this document.

Refund Ref:
01/11/2011 0030092566

Credit Card Refund Total: \$1730.00

Serial No.: 09/650,481
Atty Docket No.: MS1-4828US
Atty: Shirley L. Anderson

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CONCLUSION

The claims are in condition for allowance. Applicant respectfully requests reconsideration and prompt allowance of the subject application. If any issue remains unresolved that would prevent allowance of this case, the Office is requested to contact the undersigned attorney to resolve the issue.

Fees will be paid by credit card through the EFS Web; however, Applicant hereby authorizes the Commissioner to charge any deficiency of fees and credit any overpayments to Deposit Account Number 12-0769.

Respectfully Submitted,

Lee & Hayes, PLLC
Representative for Applicant

/Shirley L. Anderson/
Shirley L. Anderson
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Dated: October 4, 2010

Daniel L. Hayes
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11-11-11 2 Serial/Patent # 09/650481

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time		10-4-10	\$ 1,730
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 1,730

8 TO BE REFUNDED BY: CC

10 REASON:

Overpayment	Treasury Check
Duplicate Payment	Credit Deposit A/C #:
No Fee Due (Explanation):	9 <input type="text"/>

Extension not necessary.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Karen Creasy TITLE: Petitions Examiner

SIGNATURE: /Karen Creasy/ PHONE: 2-3208

OFFICE: Petitions

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APPROVED: Creasy DATE: 11/11/11

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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